| 21504<br>70193   | 47706<br>3  |  | State of Ne<br>Investig                           |                       | Moto             | or Ve       | hicle                             | e A                | ccid     | er                          | nt Re                | port                         | ;   | Shee              | et1                    | of _               | 2    |
|--|---|--|---|-----------------------|------------------|-------------|-----------------------------------|--------------------|----------|-----------------------------|----------------------|------------------------------|---|-------------------|------------------------|--------------------|------|
| 2  | Total Nu  |  | Local No./ District 069  Agency Case No B5-107327 |                       |                  |             |                                   |                    |          | ı                           | HIT & RUN            | INVESTIGATION MADE AT SCENE? |   |                   |                        | 1                  |      |
| A/1  | of Vehi   |  | 110.  |                       |                  |             |                                   |                    |          |                             | YES (In Mil          | ~ ~                          |   |                   | XYES NO STATE USE ONLY |                    |      |
| 04   | OF<br>ACCIDENT  |  | 7/2015 S M T W TH F S TIME C                      |                       |                  |             |                                   | )F                 | 1450     |                             |                      |                              |   |                   |                        |                    |      |
| A/2  |   |  |   |                       |                  | POLICE      |                                   |                    |          | Ε                           | 1451                 |                              |   |                   |                        |                    |      |
|  | PLACE<br>OF   | COUNTY   | Zarioactor  |                       |                  |             |                                   | NOTIFIED           |          |                             |                      | 11/17/2015                   |   |                   |                        |                    |      |
| В<br>46  | ACCIDENT  | CITY LINCOIN   |   |                       |                  |             |                                   | PRIVATE<br>PROPERT |          |                             |                      | Y? SNO                       | LATITUDE  |                   |                        |                    |      |
| 46<br>c  | ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. CAPITOL PARKWAY   |  |   |                       |                  |             | ONE-WAY YES STREET?               |                    |          |                             | YES NO               |                              |   |                   |                        |                    |      |
| 1  |   | DISTANCE FROM MILEPOST N S E W OF MILEPOST   |   |                       |                  |             |                                   | HIGHWAY NO.        |          |                             |                      |                              | LONGITUD  | E                 |                        |                    |      |
| D  | IF AT INTERSECTION  |  |   |                       |                  |             | IF NOT AT INTERSECTION            |                    |          |                             |                      |                              |   |                   |                        |                    |      |
| 1  | NAME OF INTE  |  |   | FINTERSECTING ROADWAY |                  |             |                                   | MILES              | N S      |                             |                      |                              | T, BRIDGE, RAILROAD CROSSING                                    |                   |                        |                    | -    |
| V1/M   |   |  |   |                       |                  | 0.00 X 21ST |                                   |                    |          |                             |                      |                              |   |                   |                        |                    |      |
| 01   | MILES   | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN    N   S   E   W   AND   N   S   E   W   OF NEAREST |   |                       |                  |             |                                   |                    |          |                             |                      |                              |   |                   |                        |                    |      |
| V2/M<br>06   |   |  |   | MILES                 |                  |             |                                   |                    | Y OR TOW |                             |                      | DOEO 400/DE                  | NT INVO   | VE D              | 4 1 4 4 4 4            |                    |      |
| E  | R. WORK ZONE  |  | R2 R3 R4  |                       | SIFICATION       | S1 S2       | S3 :                              |                    |          |                             |                      |                              | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? |                   |                        |                    |      |
| 2  | CODES   | CODES 1 CODES  |   |                       |                  |             |                                   |                    |          |                             |                      | ○YE                          | s X   | <b></b>           |                        |                    |      |
| F  | DRIVER  |  | 1140070   | 2504                  |                  | VE          | HICLE                             | NO. 1              |          |                             |                      | STATE                        | \_NE  |                   | X                      | FEMALE             | -    |
| 2  | LICENSE<br>DRIVER   |  | NO. H12978  | 3521                  |                  |             |                                   |                    | PHONE    |                             |                      | (Of License)                 | NE<br>LOCAL NO  | SE<br>D.          |                        | MALE               | -    |
| V1/N<br><b>1</b>   | AMAND   |  | BERT  |                       |                  |             |                                   |                    |          | -340                        | 0-3469               |                              | 200/12 111  |                   |                        |                    |      |
| V2/N   | DRIVER ADDRESS CITY, STATE, ZIP 5440 UNION HILL RD APT 702, LINCOLN, NE 68516  DATE OF BIRTH (MM/DD/YYYYY) 03/10/1988 |  |   |                       |                  |             |                                   | 38                 |          | V1/1                        |                      |                              |   |                   |                        |                    |      |
| 1  | OWNER AMAND   | WNER PHONE LOCAL NO. 18  |   |                       |                  |             |                                   |                    |          |                             |                      | 18<br>V1/2                   |   |                   |                        |                    |      |
| G  | OWNER ADDR  | /NER ADDRESS CITATION YES CITATION NO.   |   |                       |                  |             |                                   |                    |          |                             | -                    |                              |   |                   |                        |                    |      |
| <b>4</b>   | LICENSE<br>PLATE  |  |   |                       | JLN, NE          | 68516       |                                   |                    |          |                             | PENDI YEAR           | T                            |   | STAT              | ΓE                     |                    | V1/3 |
| 5  | PLATE   | PA   | NO. TMM27   | /<br> MAKE            | MC               | DDEL        |                                   | BODY ST            | YLE      | (Pla                        | ate Expires)         | 2016                         | STIMATED [  | (Of PI            | ,                      | NE                 | V1/4 |
| V1/O   | VEHICLE   |  | 2014  | Ford                  |                  | SE          |                                   |                    | or Seda  | an                          | black                |                              | TOTALE  | D <b>\$</b>       | 800                    |                    |      |
| 1  | VEHICLE ID NO. (VIN) 1FADP3F23EL208845 INSURANCE COMPANY GEICO  |  |   |                       |                  |             |                                   |                    |          | V1/5<br>- <b>18</b>         |                      |                              |   |                   |                        |                    |      |
| V2/O<br><b>1</b>   | TOWED TO  |  |   |                       | TOWED BY         |             |                                   |                    |          |                             | POLICY NO.           | 353152                       |   |                   |                        |                    | V1/6 |
| I  |   |  |   |                       | 1                | VE          | HICLE                             | NO. 2              |          |                             |                      |                              |   | =                 |                        |                    | 35   |
| 1  | DRIVER<br>LICENSE   | ı  | NO. H13669  | 253                   |                  |             |                                   |                    |          |                             |                      | STATE<br>(Of License)        | NE  | SE                |                        | > FEMALE<br>> MALE |      |
| V1/P   | DRIVER MAGGIE E ZIMMERMAN   |  |   |                       |                  |             | PHONE 402-617-8864                |                    |          |                             |                      | LOCAL NO.                    |   |                   |                        | V2/1               |      |
| 1<br>V2/P  | DRIVER ADDRESS CITY, STATE, ZIP DATE OF   |  |   |                       |                  |             |                                   |                    |          | 18                          |                      |                              |   |                   |                        |                    |      |
| 1  | 3400 N 53RD ST, LINCOLN, NE 68504  OWNER DAVID ZIMMERMAN  OBO(09/199)  LOCAL NO.                                      |  |   |                       |                  |             |                                   |                    |          |                             | V2/2                 |                              |   |                   |                        |                    |      |
| J  | OWNER ADDR  |  | ERIVIAIN  |                       | CITY, ST.        | ATE, ZIP    |                                   |                    |          | c                           | CITATION             | <b>X</b> YES                 | CITATION  | NO.               |                        |                    | V2/3 |
| 01   | 3400 N 53RD, LINCOLN, NE 68504  |  |   |                       |                  | PENDIN      |                                   |                    |          | NG NO                       | LB466480             |                              |   | _                 |                        |                    |      |
| V1/Q<br><b>4</b>   | LICENSE<br>PLATE  |  | NO. TSP636  |                       |                  |             |                                   |                    |          |                             | YEAR<br>ate Expires) | 2016                         |   | (Of Pl            | ate)                   | NE                 | V2/4 |
| V2/Q   | VEHICLE   | vehicle YEAR 1994 Pontiac GAG  |   |                       |                  |             | BODY STYLE COLOR 2 door Sedan gre |                    |          |                             |                      |                              |   |                   | V2/5                   |                    |      |
| 4  | VEHICLE ID<br>NO. (VIN)   | 1G2NW15M3RC817100  1G2NW15M3RC817100  1G2NW15M3RC817100  1G2NW15M3RC817100   |   |                       |                  |             |                                   |                    |          | 18                          |                      |                              |   |                   |                        |                    |      |
| к<br>01  | TOWED TO  | TOWED BY   |   |                       |                  |             |                                   | POLICY NO.         |          |                             |                      |                              | 110 00  | V2/6<br><b>35</b> |                        |                    |      |
|  | Complete this section for all injured pers  |  |   |                       | sons             |             |                                   |                    |          | 0609-4651-13  DATE OF BIRTH |                      | 1 2 3 4                      |   | 4 5               |                        |                    |      |
| (Complete a continuation report, if more than three were injured)  (MM / DD / YYYY)   Set   Body   Injury   Trans.   M |   |  |   |                       |                  |             |                                   |                    |          |                             |                      | ns. M F                      |   |                   |                        |                    |      |
| VEH. # NAME ADDRESS  |   |  |   |                       |                  |             |                                   |                    |          |                             |                      |                              |   |                   |                        |                    |      |
|  | LOCAL NO. MEDICAL FACILITY NAME   |  |   |                       | EMS SERVICE NAME |             |                                   |                    |          | EMS RUN REPORT NO.          |                      |                              |   |                   |                        |                    |      |
| VEH. #   | NAME ADDRESS  |  |   |                       |                  |             |                                   |                    |          |                             |                      | +                            |   |                   | $\top$                 |                    |      |
|  | LOCAL NO.   |  | MEDICAL FACILITY                                  | NAME                  |                  |             | EMS SER                           | RVICE NAN          | ΛΕ       |                             |                      |                              | EMS RU  | N REP             | ORT NO                 |                    |      |
|  |   |  |   |                       |                  |             |                                   |                    | _        |                             |                      |                              |   |                   |                        |                    |      |
| VEH. #   | NAME  |  |   | AD                    | DRESS            |             |                                   |                    |          |                             |                      |                              |   |                   |                        |                    |      |
|  | LOCAL NO. MEDICAL FACILITY NAME   |  |   |                       |                  |             | EMS SEF                           | RVICE NAM          | ΛE       |                             |                      | EMS RU                       | EMS RUN REPORT NO.  |                   |                        |                    |      |

|   | THE FOLLOWING  | S INFORMATION IS REQUIRED   | EOP ALL ACCIDENT  | TS  |  |  |  |
|---|--|---|---|---|--|--|--|
|   | THE TOLLOWING  | INDICATE BY DIAGRAM WHAT  | HAPPENED AGE  | NCY CASE NO.  |  |  |  |
|   |  | INDICATE DI DIAGNAM WIAI  | B5  | 5-107327  |  |  |  |
| Indicate North by Arrow   |  |   |   |   |  |  |  |
| (   | N =  | CAPITOL PARKWAY   | (   |   |  |  |  |
| · · · ·   | u u  |   | -   |   |  |  |  |
|   | nknown, belated, both vehs moved,                    |   |   |   |  |  |  |
| рол. ui   | no debris<br>no roadway                              |   |   | APPROX  |  |  |  |
|   |  |   |   |   |  |  |  |
|   |  | 21 st   | 22nd  | *   |  |  |  |
|   |  |   |   |   |  |  |  |
|   | Not To Scale   |   |   |   |  |  |  |
|   |  | ION OF ACCIDENT BASED ON OFFICER  |   |   |  |  |  |
| SAID SHE WANTED TO 1  | URN INTO THE MCDONAL                                 | ATED SHE WAS WB ON CAPITOL PAF<br>LDS PARKING LOT, DID NOT SEE DV1<br>V1 WHO WAS CONTINUING WB ON C | I, AND PROCEEDED TO MA  | AKE THE TURN FROM HER   |  |  |  |
| OBJECT DAMAGED  | OWNER NAME   | ADDRESS   | PHONE   | APPROX. COST OF DAMAGE.   |  |  |  |
| OBJECT DAMAGED  | OWNER NAME   | ADDRESS   | PHONE   | APPROX. COST OF DAMAGE  |  |  |  |
| NAME  |  | ADDRESS   |   | PHONE   |  |  |  |
| SUN NAME  |  | ADDRESS   |   | PHONE   |  |  |  |
| VEHICLE MOVEMENT BEFORE COLLISION  VEH N S E W ROAD OR HIGHWAY NAMI                                 | POINT OF IMP<br>MOST DAMAG<br>(Enter numbers for     | ED AREA VEHICLE 1   | D RESTRAINT USE VEHICLE 1   | TOTAL OCCUPANTS 1 1 VEH 2 2  ALCOHOL Driver Driver Pedes-                                     |  |  |  |
| 1 X CAPITOL P   | - POWE OF  | VEHICLE 2 4   | 2   | TESTING No. 1 No. 2 trian  ALCOHOL LEVEL nt TESTED N X N X N                                  |  |  |  |
| 2 X CAPITOL I 1 01 06 Turning left  | MOST   | MPACT   | 1 None used - vehicle occupa<br>2 Lap & shoulder belt used<br>3 Shoulder belt only used<br>4 Lap belt only used | BAC LEVEL   |  |  |  |
| 2 06 07 Making U-tu   | rn AREA  | AREA 4 Not deployed 5 Not applicable/   | 5 Child safety seat used<br>6 Child booster seat used<br>7 DOT approved helmet used                             | ALCOHOL/   Driver   No. 1   No. 2     No. 1   No. 2   |  |  |  |
| 01 Essentially 09 Leaving straight ahead traffic lane   | 00 None 02 09 Top & windows                          | 6 Unknown   | 8 Costume helmet used 9 Restraint use unknown VEHICLE 2   | 1 Neither alcohol nor drugs suspected   |  |  |  |
| 02 Backing 10 Parked 03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in the passing 12 Other | 10 Undercarriage 01 11 Total (all areas) 12 Other 08 | 05 VERICLE 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  | 2   | 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown |  |  |  |
| 05 Turning right 13 Unknown OFFICER NO. 1165  | TROOP/<br>TEAM/<br>BEAT CE                           | DEPARTMENT Lincoln Police Departr   |   | Photographs X YES taken? NO   |  |  |  |
| INVESTIGATOR NAME (Print or Type Todd Danson  | )  | INVESTIGATOR SIGNATURE  Approved by Ofc. T. Danson  |   | DATE OF 11/17/2015  |  |  |  |